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NOV 05 2004

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21972 7590 08/31/2004

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Paula D. Kiser

(Depositor's name)

Paula D. Kiser

(Signature)

11/3/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,513	01/27/2004	Frank Edward Anderson	2001-0607.03	2515

TITLE OF INVENTION: INTEGRATED CIRCUIT AND DRIVE SCHEME FOR AN INKJET PRINthead

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$300	\$1630	11/30/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
DUDDING, ALFRED E	2853	347-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Luedeka, Neely & Graham, P.C.
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lexmark International, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lexington, KY 40550

81 FC:1501	1370.00 DA
82 FC:1504	300.00 DA
03 FC:8001	9.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

4b. Payment of Fee(s):

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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1213 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Scott N. Barker*

Date 11/2/04

Typed or printed name Scott N. Barker

Registration No. 42,292

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